

TRANSMITTAL FORM
(to be used for all correspondence after final filing)

Attorney Docket No.	PHB 34,365 (7790/234)
Application Number	09/814,154
Filing Date	JULY 11, 2000
First named inventor	MARTIN J. EDWARDS
Group Art Unit	2873
Examiner	SHAPIRO, L

ENCLOSURES (check all that apply)

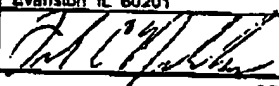
<input type="checkbox"/> Amendment <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> One-Month Petition for Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, an <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Alter Allowance Communication to Group <input type="checkbox"/> Petition Raising Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entry Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.
☒ I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.

CALCULATION OF FEE

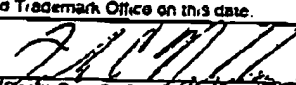
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entry		or	Large Entry	
					Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus		0					
Indep.		Minus		0	≥ \$9=	0		≥ \$18=	
First Presentation of Multiple Dep. Claim					≥ \$44	0		≥ \$88	
					≥ \$150	—		≥ \$300=	
					total add'l fee	\$ 0	total add'l fee	\$	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston IL 60201		
Signature		Date	October 19, 2004

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9315 to the U.S. Patent and Trademark Office on this date: October 18, 2004

Signature		Date	October 19, 2004
FRANK C. NICHOLAS (33,983)			

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